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COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 1653

SERIAL NUMBER 09/478,407	FILING DATE 01/06/2000  RULE	CLASS 370	GROUP ART UNIT 2661	ATTORNEY DOCKET NO. 1364.1003CIP
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## APPLICANTS

TIMOTHY W. DYGERT, COLUMBIA CITY, IN;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/112,866 12/18/1998  
and is a CIP of 09/226,169 01/07/1999 PAT 6,473,441

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/14/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY IN	SHEETS DRAWING 8	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
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## ADDRESS

21171  
STAAS & HALSEY LLP  
700 11TH STREET, NW  
SUITE 500  
WASHINGTON, DC  
20001

## TITLE

MULTI-CHANNEL VIDEO PUMP

FILING FEE  RECEIVED 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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SERIAL NUMBER 09/478,407	FILING DATE 01/06/00	CLASS 370	GROUP ART UNIT 2739 2732	ATTORNEY DOCKET NO. 1364.1003CIP
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APPLICANT

TIMOTHY W. DYGERT, COLUMBIA CITY, IN.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED PROVISIONAL APPLICATION NO. 60/112,866 12/18/98  
AND A CIP OF 09/226,169 01/07/99

W

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

g

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

g

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/14/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IN	SHEETS DRAWING 8	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
Verified and Acknowledged <u>g</u> Examiner's Initials Initials					

ADDRESS	STAAS & HALSEY 700 ELEVENTH STREET NW SUITE 500 WASHINGTON DC 20001
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TITLE	MULTI-CHANNEL VIDEO PUMP
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FILING FEE RECEIVED  \$768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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